



UAV

PTO/SB/66 (10-05)

Approved for use through 04/30/2009. OMB 0651-0016

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION TO ACCEPT UNINTENTIONALLY DELAYED PAYMENT OF  
MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(c))**Docket Number (Optional)  
**49447-2USPX**Mail to: Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Fax: (571) 273-8300NOTE: If information or assistance is needed in completing this form, please contact Petitions Information  
at (571) 272-3282.Patent No. 6,391,654 Application Number 09/658,302  
Issue Date May 21, 2002 Filing Date September 8, 2000CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent  
number (or reissue patent number, if a reissue) and (2) the application number of the  
actual U.S. application (or reissue application) leading to issuance of that patent to  
ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable

The above - identified patent:

- ☐ is a reissue of original Patent No. \_\_\_\_\_, original issue date \_\_\_\_\_,  
original application number \_\_\_\_\_,  
original filing date \_\_\_\_\_.
- ☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international  
application \_\_\_\_\_ filed on \_\_\_\_\_.

**CERTIFICATE OF MAILING (37 CFR 1.8(a))**I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with  
the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope  
addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile  
transmitted to the U.S. Patent and Trademark Office on the date shown below.7-27-2006

Date

Signature

**Margo Barbarash**

Typed or printed name of person signing Certificate

01 FC:1599

2155.88 OP

(Page 1 of 3)

This collection of information is required by 37 CFR 1.378(c). The information is required to obtain or retain a benefit by the public which is to file (and by the  
USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 hour to complete,  
including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on  
the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and  
Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS  
ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Adjustment date: 12/18/2006 CKHLOK  
08/01/2006 TBESHAH1 00000012 6391654  
01 FC:1599 -2155.00 OP

12/18/2006 CKHLOK 00000001 6391654

01 FC:1558 1640.00 OP  
02 FC:2551 450.00 OPRepln. Ref: 12/18/2006 CKHLOK 0007550000  
DAH:100447 Name/Number:6391654 \$65.00 CR  
FC: 9204

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>12/09/06</u>		2 Serial/Patent # <u>6,391,654</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other code1599		07/31/06	\$ 65.00
			7 TOTAL AMOUNT OF REFUND	\$ 65.00
10 REASON:		8 TO BE REFUNDED BY:		
		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
	Duplicate Payment	<div style="border: 1px solid black; display: inline-block; padding: 2px;">           1 0 -- 0 4 4 7         </div>		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Shirene Willis Brantley</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u><i>Shirene Willis Brantley</i></u>		PHONE: <u>(571) 272-3230</u>		
OFFICE: <u>Office of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>CKH</i></u>		DATE: <u>12/18/06</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: